CHAPTER 3. Conditions and Diseases Associates with Diabetes

The following conditions and diseases may be associated with both type 1 and type 2 diabetes. The information provided is a brief overview in order to help school personnel recognize symptoms, be aware of treatment modes, and if necessary, include appropriate accommodations in the Individual Care Plan (ICP).

DEPRESSION

Depression appears to be more common in people with diabetes. It can also be more severe for people with diabetes. Signs and symptoms of depression and poor glucose control can be similar and lead to delayed diagnosis of depression. Depression can interfere with diabetes self-care and then become a barrier to achieving optimal blood glucose control. The signs and symptoms of depression include:

- Feeling sad or empty most of the time
- Trouble sleeping
- Weight loss or weight gain without trying to change weight
- Feeling sluggish or fatigued
- Loss of interest, no sense of pleasure most of the time
- Feeling worthless most of the time
- Lack of ability to concentrate most of the time
- Suicidal thoughts

Treatment may include psychotherapy and/or antidepressant medication.

EATING DISORDERS

Individuals with both types of diabetes are at greater risk than the general population for eating disorders. Females are at higher risk than males. The two most common manifestations are:

- anorexia nervosa – severe self-imposed restriction of caloric intake, often combined with high levels of exercise
- bulimia nervosa – binge eating followed by purging, may include the use of diuretic medications and laxatives

Eating disorders complicate diabetes management and can lead to serious health problems. Some signs and symptoms include:

- frequent diabetic ketoacidosis
- excessive exercise
- use of medication to control weight
- over concern about weight
- frequent severe hypoglycemia
- three consecutively missed menstrual periods
- inability to stop eating
- body weight less than 85% of the normal for height
- distorted body image

If an eating disorder is suspected, it is critical to communicate with parents and urge medical evaluation. Treatment may include psychotherapy and pharmacotherapy.

DISEASES ASSOCIATED WITH TYPE 1 DIABETES

Hypothyroidism

Over 10 % of children with type 1 diabetes mellitus will also develop autoimmune thyroiditis (Hashimoto's disease) which results in low levels of thyroid hormone in the blood. Hypothyroidism can produce lethargy, constipation, slow growth, slow heart rate, excessive weight gain, and irregular menstrual cycles. Hypothyroidism can be easily treated with oral medication (l-thyroxine) taken once daily.

Celiac Disease

Celiac disease, also known as *gluten-sensitive enteropathy* or *celiac sprue*, is a disease in which the body is allergic to gluten, the protein found in wheat products. If a person with celiac disease eats any foods containing gluten, the allergic reaction may affect the lining of the small intestine and cause symptoms of: stomach pain, gas, diarrhea, and abnormal height/weight gain. Some people with celiac disease do not have any symptoms. Screening for celiac disease involves a blood test. If this is positive, the individual should have a biopsy of the intestine for a definitive diagnosis.

Celiac disease occurs in 1 of 20 (5%) people with type 1 diabetes.

Treatment of celiac disease includes restriction of all foods containing gluten. This includes any foods made with wheat, rye and barley products. Any other grains including rice, corn, and oats can be consumed as long as they do not contain gluten-containing ingredients.

As the combination of diabetes and celiac disease leads many dietary considerations, it is very important that an individual receive nutrition education from a dietitian familiar with both diabetes and celiac disease. Contact the student's health care provider for other resources on celiac disease.

CONDITIONS ASSOCIATED WITH TYPE 2 DIABETES

Acanthosis nigricans

This is characterized by hyperpigmented, velvety, hyperkeratotic plaques that are most often localized to the neck, underarms, groin, and inner thighs. Acanthosis nigricans is found in 7% of children and is nearly always associated with obesity.

Polycystic ovarian syndrome (PCOS)

This disorder is most common in women under the age of 30. It causes undeveloped follicles that appear as small cysts in the ovaries. The symptoms include:

- irregular menstrual periods with long cycles
- very light or heavy bleeding during periods
- infertility
- hair on face, chest, and lower abdomen
- obesity
- acne

It is diagnosed by physical exam along with hormone blood level tests and sometimes an ultrasound. Treatment depends on the symptoms. Women with PCOS are at higher risk for diabetes, and should be tested for diabetes.

CHAPTER 4. Psychosocial Concerns

Psychosocial Issues:

Trust

Parents and guardians need to know that the school will be able to manage their child's diabetes-related needs. Trust will be enhanced by the school personnel working closely with the parents and guardians in planning for the student's care. This includes daily plans for monitoring and injections, as well as a plan for managing emergency situations. Ideally school personnel should meet at the beginning of the school year to develop this plan.

Developmental level

It is important to consider the student with diabetes within the context of their developmental level, both currently and at the age of diagnosis. Developmental level will determine, to a large degree, the student's acceptance and response to the disease and level of participation in self-care. Table 5 provides guidance on the level of responsibility children and adolescents may be able to accept at each age level. It should be noted that there is wide variation of "normal" among children and teenagers, so that some may accept responsibility for components of their care at younger or older ages than shown. Level of independence with care at school should be determined in conjunction with parents and guardians as well as the student's medical team.

Living with a chronic condition

A condition (such as diabetes), that interferes with daily functioning for more than three months in a year is defined as *chronic*. The student with diabetes is subject to many feelings about his/her condition. School personnel can be instrumental in assisting the student and his/her family to accept the condition and be prepared to cope with behaviors related to denial, fear, anger, guilt and depression.

Like all chronic conditions, diabetes has a profound effect on the entire family. Planning for the care and meeting the needs of a child or teenager with diabetes can be exhausting. Family coping mechanisms should be supported and enhanced so that acute and chronic complications for the student can be avoided. The school should have an appropriate list of resources to provide to families that include therapy services, support groups and written information.

Self-empowerment

Children and teenagers living with diabetes must learn to integrate many facets of self-management into their individual lifestyles. Students may be assisted with this by careful consideration of individual capabilities. Providing the opportunity to develop skills in self-care will promote self-empowerment and enhance the student's ability to self-manage. Ultimately, a student's confidence will go far toward achieving better control of diabetes. Appropriate management of diabetes should be praised just as good grades are acknowledged.

Table 5: Development and Participation in Self Care

Age	Food	Insulin	Monitoring	Psychological
4-5	Knows likes and dislikes. Inconsistent food choices. Beginning to recognize low blood glucose.	Can tell where injection should be. Can pinch skin.	Collects urine for ketones. Turns on meter. Helps with recording.	Identifies with "good" and "bad." These words should be avoided. A child this age may think that he or she is bad if the blood glucose value is said to be "bad." Concrete thinker
6-7	Can begin to tell carbohydrate content of foods. Knows which ones to limit.	Can begin to help with aspects of injection. Can give pump bolus with supervision.	Can help with blood glucose monitoring. Can prick finger.	Needs many reminders and supervision. Concrete thinker May need external reinforcement for participating in regimen. May struggle for sense of control.
8-10	Can select foods according to criteria. Knows if foods fit diet plan. Can recognize and treat low blood glucose.	May begin to do own injections or pump boluses.	Can check blood glucose with supervision. Can keep records. Can do own urine test with supervision.	Needs reminders and supervision. Understands only immediate consequences of diabetes control, not long term. "Scientific mind" developing--intrigued by tests.
11-13	Helps plan meals and snacks. Identifies appropriate pre-exercise snack. States role of diet in care.	Can measure and inject own insulin.	Can see blood glucose results forming a pattern. Still needs help interpreting urine test.	May be somewhat rebellious. Concerned with being different. (Wants to fit in.) May need reminders for self-care. More independent yet may require supervision to some degree.
14+	Adjusts food intake to maintain optimal blood glucose level. Can anticipate or prevent low blood glucose.	Can mix two insulins. Can adjust dose.	Can begin to use blood glucose results to adjust insulin.	Knows consequences of poor diabetes control yet still takes risks. Independence and self image are important. Rebellion continues. Abstract thinker

Note: The chart on the previous page provides guidelines only. Children and adolescents develop at different rates, and their ability to participate in self-care depends on their willingness to do so. It is important to understand that knowledge and behavior are NOT highly correlated.

TEENS – SPECIAL CONCERNS AND CHALLENGES

Many adolescent issues stem from the need to "fit in" or not appear to be different from peers. Insulin injections impose greater challenges for teens compared to teens who take oral medications. Fearing rejection, the adolescent may attempt to hide the fact that he/she has diabetes. In some instances, denial may lead to a deliberate rejection of components of self-management, which may result in poor diabetic control. Other issues that may interfere with the successful management of diabetes in adolescents include weight, self-consciousness and body image, particularly with females, mood swings, and depression. Diabetes control for adolescents is also impacted by peer pressure, the struggle to achieve independence, and erratic schedules.

The school team should be sensitive to the adolescent who is struggling with issues related to diabetes. In some situations, referral for counseling may be appropriate. Good communication with parents and other influential adults may assist passage through this tumultuous developmental stage. School personnel can offer important support, guidance, and make appropriate referrals for families to foster the positive growth and development of adolescents living with diabetes. In addition, steps to reduce demands placed on the busy adolescent should be taken. Providing school menus that include the carbohydrate content of foods and allowing the student to check blood glucose levels in the classroom will reduce the amount of time and effort required to adhere to the regimen and increase the likelihood of compliance.

Growth and Body Changes

Adolescence is a period of growth and the development of adult sexual characteristics. Many hormone levels dramatically impact and increase an adolescent's insulin requirements. If adequate blood glucose levels are achieved during this period, the adolescent can grow into his or her adult potential. It is important to recognize the role that hormones play in blood glucose control to avoid automatically assuming non-compliance with the diabetes regimen.

Driving

In the State of Vermont, a student can obtain a learner's permit at the age of 15 years. The application asks the applicant "*whether he or she has any physical or mental condition that could affect his or her ability to operate a motor vehicle safely*". The student with diabetes will be required to have his or her physician complete a form which indicates the student's level of diabetes control. This form accompanies the application for the learner's permit.

School personnel and parents should begin discussing the need for appropriate blood glucose control for at least six months before applying for the learner's permit so that the adolescent is aware of what he/she must do in advance.

As students drive, they should be aware of their blood glucose levels and the times when they may be at risk for hypoglycemia. If food has not recently been eaten, it is recommended that a blood glucose level be checked before driving. Emergency food kits should be easily accessible. Driving with low blood glucose results in greater impairment than driving when intoxicated from alcohol.

Alcohol, Tobacco and Drug Use

Many adolescents engage in risk-taking behaviors such as drinking, smoking (including chewing tobacco) and taking illegal drugs. Alcohol consumption in a person with diabetes can result in hypoglycemia by delaying the body's ability to detect and maintain an adequate glucose response. Tobacco impacts the blood vessels and is particularly harmful to people with diabetes as it can lead to possible kidney and heart damage. Chronic drug use may hinder motivation and the ability to manage diabetes. Counseling must be considered for students who are drinking alcohol or using tobacco and illegal drugs.

While it is important NOT to condone or encourage such high risk behaviors, it is equally important to recognize that many adolescents will engage in some degree of experimental behavior. Educating them and providing resources about safety, as well as offering a supportive and non-threatening individual with whom an adolescent can discuss such issues is critical.

CHAPTER 5. Diabetes in the School Setting

The school nurse is the most appropriate person in the school setting to provide care for a student with diabetes. Many schools in Vermont do not have a full-time nurse and sometimes a nurse must cover several schools. Even when a school nurse is assigned full-time to a school, the nurse is not always available to provide care during extracurricular activities and field trips. A plan must include care for all school related activities, as an emergency can happen at any time.

In Vermont, registered nurses may choose to delegate certain diabetes care functions to trained non-medical school staff. The National Association of School Nurses states that the licensed professional school health nurse must use nursing assessment and professional judgment in deciding which procedures in the school setting may be delegated. The non-medical school staff are trained and supervised by the school nurse. These functions may include:

- performing or assisting with blood glucose monitoring
- administering insulin or other medication
- treating low blood glucose
- treating high blood glucose
- checking urine ketones
- administering glucagon
- assisting with meals and snacks

Documentation and communication systems need to be set up between the school nurse, parent/guardian, and non-medical school staff. It should be clear who is responsible for contacting the family or health care provider for further instructions. Substitute school nurses must be aware of the Individual Care Plan (ICP) and delegated functions.

CARE PLANNING

Care planning in the school has four components:

Parent Conference
Planning Meeting
Individual Care Plan
Training of School Staff

PARENT CONFERENCE

This meeting usually includes parents, the principal, the school nurse, the student and others who may be invited by one of these parties. The purpose is to get to know one another, share information about the student and school, prepare for the initial planning meeting, and determine who will need to attend the planning meeting.

The *parent checklist* should be prepared at the parent conference so that the necessary forms and supplies can be brought to the planning meeting. These are included in Chapter 6. The need to develop a 504 plan should be discussed at this meeting.

PLANNING MEETING

When: Annually before the school year starts
At diagnosis
To revise or review a student's plan when necessary

Why: To meet with school staff to collect information
To develop, review and/or revise an Individual Care Plan (ICP)

Who: Participants may include:

- Family and student
- Principal
- School nurse
- Counselor or social worker
- Current year classroom teacher(s)
- Past year classroom teacher(s)
- Food service manager
- Physical education teacher/coach
- Bus driver
- Other school staff with direct responsibility for student
- Members of the health care team, if invited by parents

What: Suggested agenda items:

- Overview of type 1 or type 2 diabetes and its management
- Roles and responsibilities of staff members
- Identification school staff who will serve as resources for others

- Determination of the hierarchy of personnel expected to respond to emergency situations
- Determination of the location of food kits, glucagon and other supplies in the school building
- Determination of where the Individual Care Plan (ICP) will be kept and how individual components will be shared with appropriate staff
- Training for staff with specific responsibilities
- Emergency management

INDIVIDUAL CARE PLAN (ICP)

Planning is essential to the successful management of care for students with diabetes. In schools, the ICP is a good tool for accomplishing successful management.

The school nurse, in collaboration with parents, the health care team and others, develops this care plan describing the diabetes regimen prescribed for the student. It also identifies trained non-medical school staff that can perform or assist in blood glucose monitoring, ketone testing, and administration of glucagon. It should be available to all staff working with the student. The school nurse may extract sections of this manual and copy the pages, clip them to the care plan and distribute them to each team member. Developmental levels and cognitive and physical abilities of the student should be incorporated in the care plan.

Routine daily care includes:

- Blood glucose monitoring
- Obtaining phone numbers of parents, guardians, care providers and emergency contacts
- Responding to out-of-target blood glucose values
- Maintaining daily schedule of food, insulin and activity
- Assisting with special events/circumstances
- Providing a location of supplies and food
- Disposal of syringes, lancets, etc.

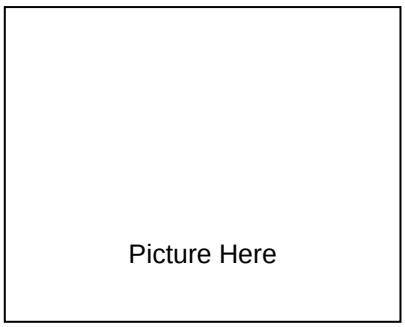
Emergencies:

Students with diabetes can have problems despite the best efforts at control. The school nurse needs to determine what constitutes an emergency situation. Parents and the health care team should provide guidance for the care plan.

Sample ICP and 504 plans:
Sample plans are available on the following Web site:
www.childrenwithdiabetes.com/504/

See Chapter 7. Regulations Affecting School Populations for a sample plan completed by a school nurse. These have integrated aspects of the ICP, School 504 Plan and a Student Accommodation Plan.

Form 1: Individual Care Plan—Diabetes Care in School



Child's Name_____

Grade: _____

Teacher:_____

Parent/Guardian:_____

Home_____ Work_____
Cell:_____ email:_____

504 plan □ yes □ no IEP □ yes □ no

Contact phone numbers (in priority order):

Call	Name	Phone	
1st			
2nd			
3rd			
4th			

Health Care Providers	Phone/fax

School Schedule

Time	Meal or snack Grams of carbs	Blood glucose monitoring	Phys Ed/ Recess	Insulin – routine needs

Monitoring: Target blood glucose levels are _____to _____

Will be done in:	Will be performed:
□ classroom	□ by student
□ nurses office	□ with supervision by :
□ other:	□ by the following trained school staff:

Treatments:

Lows if below _____	Highs if above _____
□ Call parent	□ Call parent
Treat with:	□ Give insulin (see below)
Usual signs:	□ Check ketones if above _____ Trained staff:

Food:
Requires menu modification by Food Service: YES NO
If yes, form has been completed and is on file in Food Service Office:
YES NO
Parties, Special Occasions or considerations:

Physical activity/exercise/ sports—(Note restrictions, snacks)

Insulin-to be given at school

Time	Type	Dose	By whom

Glucagon:
Individual(s) trained to administer glucagon

Does the child weigh less than 45 pounds? If yes, note on Glucagon kit.

Supplies	**Where stored**	**Staff name**	**Phone #**
Blood glucose monitor			
Snack or low packs, glucose tablets or gel			
Glucagon			
Insulin			
Other			

Emergency Plan: Call 911
Situation(s) constituting an emergency:

Signatures indicating approval:

School Nurse/Date_____

Parent/Date_____

Health Care Provider/date_____

TRAINING FOR SCHOOL STAFF

Goals for training

Each person listed in the ICP will be able to describe his/her role outlined in the ICP. They will be able to describe how their role relates to the roles of others and when and where to seek help.

Preparation

A health professional will assess the school personnel's knowledge and comfort level in caring for the student.

Attendance

Staff members listed in the ICP will be invited to the training session. In addition, administrative, counseling staff and any others who may interact with the student during the school session may also be invited.

Suggested components of training:

- Introduction to the student's Individual Care Plan (ICP)
- Overview of diabetes
- Monitoring tools: blood glucose meter, written records, etc.
- Signs, symptoms, and treatment of hypoglycemia and hyperglycemia
- Managing nutrition and exercise in the school setting
- Procedures for routine care of the individual student
- Storage of supplies
- Emergency procedures
- Overview of universal health and safety guidelines (OSHA) and disposal of supplies
- Monitoring techniques (for those who may do finger sticks)
- Glucagon administration (for those named in the emergency plan)
- Insulin or medication administration

Form 2: Staff Training Record

Staff Member Name	Date Training Received			Competency Completed
	Diabetes Basics	Monitoring	Insulin and Glucagon	

ROLES AND RESPONSIBILITIES

The wellbeing of a student with diabetes requires a collaborative relationship between the school and home. The student, his/her family and the health care team are responsible for overall care-planning and management. The school is responsible for ensuring that the Individual Care Plan (ICP) is implemented and supported in the school setting, and that all factors related to the student's diabetes care at school are communicated to the parent/guardian.

The staff section of the manual is designed to be individualized for each student and copied for each team member.

PARENT / CAREGIVER / GUARDIAN

- Advocate on behalf of the student
- Complete all required forms
- Participate in the parent conference and planning meetings with school personnel
- Approve the Individual Care Plan (ICP) and emergency procedures
- Provide and maintain all supplies necessary to meet the student's need in case of an emergency
- Keep the school informed of any changes in the student's health care
- Assist with the staff training if desired

STUDENT

Consistent with their ability, willingness and parental guidance, students may:

- Participate in the planning meeting and plan development
- Perform diabetes self-care activities such as monitoring blood glucose levels, administering appropriate insulin, eating the right amount of food at the right time, and carrying needed supplies
- Inform adults of symptoms of potential emergencies
- Carry supplies for possible hypoglycemic reactions
- Perform self-care that is developmentally appropriate
- Wear medical alert identification

HEALTH CARE TEAM

Members of the student's health care team may include: endocrinologist, pediatrician or family practitioner, nurse practitioner, certified diabetes educator (CDE), registered dietitian (RD), psychologist, social worker, exercise physiologist. These individuals:

- Collaborate with family and school nurse in development of the Individual Care Plan
- Provide education about diabetes and daily management to family members and school staff
- Help the family and student to make the needed life-style changes and develop the overall plan of care
- Meet with the student and family as often as needed
- Receive permission from the parent/guardian to communicate with the school nurse as needed

PRINCIPAL

General Role:

- Participates in the development and implementation of school policy related to diabetes management in the school setting
- Learns about diabetes for awareness of student's needs
- Promotes a supportive learning environment
- Supports development of the Individual Care Plan (ICP)
- Knows what to do in an emergency and the order of responsibility for emergency care for any school related function (on or off campus)
- Understands the federal and state laws that may apply to students with diabetes
- Respects the student's confidentiality

Specific Responsibilities:

- Supports the school nurse and care team in the implementation of the ICP throughout the school
- Explains laws and regulations to community members if necessary
- Facilitates problem solving and negotiations among members of the school team
- Designates and coordinates the 504 team
- Ensures appropriate communications with substitute teachers so they know that the student has diabetes

SCHOOL NURSE

General Role:

- Knowledgeable about diabetes and the needs of the student
- Promotes a supportive learning environment
- Manages the development and implementation of the Individual Care Plan (ICP)
- Describes one's own role and the role of others
- Develops an emergency plan and the order of responsibility for emergency care

Specific Responsibilities:

- Performs a nursing assessment of the student based on home or school visit
- Obtains pertinent medical and psychosocial information
- Assures the participation of the parents and student in development of the ICP, Emergency Plan, staff training and other aspects of diabetes care and management in the school
- Coordinates the student's in-school health care as specified in the Individual Care Plan
- Organizes and conducts pre-planning and planning meetings
- Ensures that caregivers in the school have received competency-based training in student specific techniques and problem management
- Communicates with school team members and parent/guardian on a regular basis

- Maintains appropriate documentation of care provided
- Regularly reviews and updates the ICP and training of caregivers
- Serves as student advocate
- Respects the student's confidentiality
- Serves as the 504 case manager if necessary

CLASSROOM AND SUBSTITUTE TEACHER

General Role:

- Learns about diabetes as it pertains to the student's need
- Promotes a supportive learning environment
- Participates in development of the Individual Care Plan (ICP)
- Understands one's own role and the role of others
- Knows what to do in an emergency and the order of responsibility for emergency care

Specific Responsibilities:

- Learns to recognize the signs and symptoms of hypo and hyperglycemia and is able to respond in accordance with the emergency plan
- Helps the student to comply with meal and snack requirements and glucose monitoring routines
- Communicates diabetes-related needs to substitute and special teachers and instructional assistants
- Educates the class about the special needs of the student (with parental permission and student input). The student with diabetes may be willing to present information to his or her classroom peers that can enhance peer knowledge and support for the student.
- Respects the student's confidentiality

FOOD SERVICE DIRECTOR AND STAFF

General Role:

- Understands the nutritional needs of a student with diabetes
- Promotes a supportive learning environment
- Participates in development of the Individual Care Plan (ICP) as appropriate
- Understands one's own role and the role of others
- Knows what to do in an emergency and the order of responsibility for emergency care

Specific Responsibilities:

- Guides the meal modification process
- Ensures that food is prepared and served according to the ICP
- Collaborates with the family and student on a menu plan when school meals are chosen
- Assists with providing nutritional information about the school's food and beverages
- Works with the school nurse to obtain a medical statement for meal modification
- Keeps medical statements on file and updates as necessary
- Communicates with the school's nutrition consultant when necessary to implement complex recommendations
- Trains the food service staff on meal modification and the needs of the student
- Never withholds meals because of nonpayment of fees
- Respects the student's confidentiality

Note: The responsibility of the Food Service is to accommodate the medical needs of the student, not personal food preferences. When menus are reviewed and appropriate substitutions are offered, the family may choose to pack a student's lunch at any time.

PHYSICAL EDUCATION TEACHER OR COACH

General Role:

- Learns about diabetes as it pertains to the student's needs
- Promotes a supportive learning environment
- Participates in development of the Individual Care Plan (ICP)
- Understands one's own role and the role of others
- Knows what to do in an emergency and the order of responsibility for emergency care

Specific Responsibilities:

- Monitors blood glucose level before and/or after activity if this is in the care plan
- Recognizes the student's usual level of activity
- Allows snacks before or after physical activity if indicated
- Encourages increased fluid consumption
- Learns to recognize the signs and symptoms of hypo and hyperglycemia and responds in accordance with the emergency plan
- Communicates diabetes-related needs to substitute and special teachers and instructional assistants
- Encourages participation in sports and athletic opportunities as appropriate
- Ensures that glucose monitoring equipment and 'low kits' are available at all activity sites
- Respect the student's confidentiality

COUNSELOR

General Role:

- Learns about diabetes as it pertains to the student's needs
- Promotes a supportive learning environment
- Participates in development of the Individual Care Plan (ICP)
- Understands one's own role and the role of others
- Knows what to do in an emergency and the order of responsibility for emergency care

Specific Responsibilities:

- Assists the student with concerns the student has regarding diabetes
- Communicates with the student, family, health care team and school staff as necessary
- Responds to ineffective coping mechanisms demonstrated by student and family
- Supports the student, family and school personnel in compliance with the ICP
- Respects the student's confidentiality

BUS DRIVER

General Role:

- May assist in development of the Individual Care Plan (ICP)
- Understands one's own role and the role of others
- Knows what to do in an emergency and the order of responsibility for emergency care

Specific Responsibilities:

- Learns to recognize the signs and symptoms of hypo and hyperglycemia and responds in accordance with the emergency plan
- Understands that the *end of the school day* is often the time of low blood glucose episodes
- Communicates diabetes-related needs to substitute drivers and transportation assistants
- Allows the student to consume a snack on the bus as indicated in the plan
- Keeps a 'low kit', provided by the family, readily available on the bus
- Respects the student's confidentiality